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23556 7590 03/31/2004

KIMBERLY-CLARK WORLDWIDE, INC.
 401 NORTH LAKE STREET
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/038,973	12/31/2001	James J. Hlaban	17,693	9556

TITLE OF INVENTION: LABIAL PAD HAVING VARIOUS MEANS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	06/30/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANDERSON, CATHARINE L	3761	604-358000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Paul Y. Yee

2

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Kimberly-Clark Worldwide, Inc.

Neenah, Wisconsin

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 11-0875 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

28 Apr 2004

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04/28/2004 WABRHA2 00000106 110875 10038973

01 FC:1501

1330.00 DA

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PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

**Kimberly-Clark Corporation**KC-North
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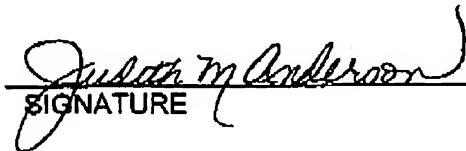
	Name	Company	Fax Number
To:	Commissioner for Patents	U.S. Patent & Trademark Office	(703) 746-4000
Subject:	U.S. Serial No. 10/038,973 filed December 31, 2001 by James J. Hlaban et al. Title: "Labial Pad Having Various Means " Docket #: K-C 17693		

From:	Paul Y. Yee	Page:	1 of 2
Dept:	Legal Dept.	Date:	April 28, 2004
Loc:	K-C North	Time:	12:05 p.m.
Kimberly-Clark Worldwide, Inc.			

Response Under 37 CFR § 1.6(d)
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